

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hug</i>		6/16/10
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>AD</i>	100303	8-19

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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